

Local Field Foray **Port of Los Angeles** Thursday, September 26, 2019 | San Pedro, CA

TRIP INFORMATION

The Pacific Council's Local Field Forays visit local sites of global policy interest. Each trip aims to deepen our understanding of key international issues as they relate to the local community – ranging from international trade and the Port of Los Angeles to the U.S.-Mexico border and immigration. These trips are designed to foster closer ties between our member community and the local leaders, thinkers, partners, and institutions that are shaping our world.

TRIP OVERVIEW:

- The **\$85 registration fee** is inclusive of lunch, on-site transit, all staff support and logistical arrangements pertaining to the visit. **Registration is complimentary for Sustaining Members.**
- Delegates will need to arrange for their own transport to and from the Port of LA in San Pedro.
- Registration forms must be submitted by Friday, August 23 to reserve your space.

REGISTRATION CHECKLIST:

The following items must be returned to the Pacific Council in order to complete your registration:

- □ **Registration Form & Payment** [Page 2]
- Signed Waivers of Liability; Cancellation Policy; Fitness Requirement [Page 3]- one per participant.

ADDITIONAL MATERIALS REQUIRED:

- □ **High Resolution Photo**: At your earliest convenience, please scan/email a clear, high resolution passport/professional photo of yourself to be used in program materials.
- Brief Biography: At your earliest convenience, please provide us with a brief biography (200 300 words) for inclusion in our trip materials.

AGENDA:

Thursday, September 26, 2019

11:45 am	Pacific Council members arrive /check-in with Lobby Security
12:00 pm	Port Briefing and Lunch in Conference Room 522
1:15 pm	Walk to Berth 85 to board vessel (approximately two short blocks)
1:30 pm	Waterside narrated tour of Port of L.A.
3:00 pm	Tour concludes

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PLEASE RETURN VIA FAX to (213) 221-2050 <u>OR</u> SCAN SIGNED DOCUMENT & E-MAIL to: <u>trips@pacificcouncil.org</u> -- PAGE 1 --



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### **REGISTRATION FORM**

| <b>Delegate Name:</b><br>Delegate Cell Phone:<br>Delegate Email:<br>Emergency Contact Name:<br>Emergency Contact Phone:<br>Dietary Restrictions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                          | -                           |  |
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| REGISTRATION FEE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          |                          |                             |  |
| <ul> <li>\$85</li> <li>Sustaining Member complimentary</li> <li>Additional contribution: \$</li> <li>The Pacific Council's trips require a get the capacity to do so to contribute offsetting the cost of staff planning and staff planning and</li></ul> | e above and beyon                        | d the direct costs of    | f the trip to assist in     |  |
| TOTAL PAYMENT AMOUNT: \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |                          |                             |  |
| PAYMENT INFORMATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                          |                             |  |
| <ul> <li>CHECK   Please make checks payak<br/>Mail to: Pacific Council on I<br/>ATTN: Trips Departm<br/>725 S. Figueroa St., S<br/>Los Angeles, CA 900</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nternational Policy<br>ient<br>Suite 450 | incil on International   | Policy                      |  |
| CREDIT CARD   Please remit credit co Visa D Maste                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          |                          | (213) 221-2050.<br>Discover |  |
| Credit Card Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | /<br>Expiration Dat                      | te Secur                 | ity Code                    |  |
| Billing Address (City, State/Province, Country, Zip/Postal Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                          |                             |  |
| Name as it Appears on Card (please pri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          | Cardholder's Signat      | ure                         |  |
| PLEASE RETURN VIA FAX to (213) 221-2050                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OR SCAN SIGNED DOCU<br>PAGE 2            | IMENT & E-MAIL to: trips | @pacificcouncil.org         |  |



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### **WAIVERS**

**LIABILITY WAIVER**: In consideration of Pacific Council on International Policy, a California not-for-profit organization ("Pacific Council"), organizing, arranging and permitting me to participate in the September 2019 visit to Port of LA, I hereby waive all rights which I may now have or which may accrue in the future against the Pacific Council, its respective directors, officers, employees and members (collectively "Pacific Council Representatives"), and I hereby release and discharge Pacific Council Representatives from and against all liability for any and all actions, damages, causes of action suits, costs, losses, expenses, claims, demands, and judgments (collectively the "Losses and Claims"), which I, my spouse, family members, children, invitees, heirs, executors, administrators, successors and assignees ever had, now have or hereafter can shall or may have resulting from or arising in connection with my travel to attendance at or participation in the visit to Port of LA and any related activities.

I acknowledge that certain legal rights against Pacific Council or the Pacific Council Representatives may be available to me now or in the future as a result of any Losses and Claims, and that by executing this waiver and release of liability, my spouse and I are forever relinquishing those rights against Pacific Council or the Pacific Council Representatives. I acknowledge that no praises, representations, or affirmations of fact were made to me by Pacific Council or the Pacific Council Representative concerning the safety of the visit to Port of LA, the security precautions taken in sponsoring the visit to Port of LA, the relative safety or danger associated with or connected in any way to the visit to Port of LA and affirm that I have read and understand the foregoing provisions of this waiver and accept the terms of this waiver and release of liability as a condition to my participation in the visit to Port of LA, I further agree that this release be governed by the laws of the applicable jurisdiction.

#### □ I understand and accept the waiver of liability.

Participant Signature

**CANCELLATION POLICY**:. If you must cancel your reservation, all payments are 100% nonrefundable, regardless of the date <u>of payment</u>. No exceptions will be made. While we do not anticipate doing so, should the Pacific Council on International Policy be forced to cancel or postpone the trip outlined in these materials, refunds will be considered in accordance with the circumstances of the cancellation.

#### I understand and accept the cancellation policy.

| Participant | Signature |
|-------------|-----------|
|-------------|-----------|

**FITNESS REQUIREMENT**: I acknowledge that traveling may involve physical activities including but not limited to: walking moderate distances, climbing stairs and standing for extended periods of time. I attest that I am in good physical health and will be able to successfully complete these and other physically demanding tasks.

□ I understand and accept the fitness requirement.

**Participant Signature** 

Date

Date

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Date